PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 19 5 08 6 2												,
		CLAIMS A		SMALL TYPE	ENTITY	OR	OTHER SMALL	THAN ENTITY				
TO	OTAL CLAIMS	3	19					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		٠	BASIC F	EE 385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	/9 minus 20=		•		·	X\$ 9=		OR	X\$18=	
INE	DEPENDENT C	LAIMS	√ minus 3 =		•			X43=	1	1	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT							JOR		<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	-	OR	+290=	-8
OR TOTAL TO											10	
4	-2505	(Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALI	ENTITY	OR	OTHER SMALL	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 19	Minus	/	9	2		X\$ 9=		OR	X\$18=	
	Independent	. 3	Minus	/	2	=		X43=		OF	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=	
							Ĺ	+145=		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							DDIT. FEI		OR ,	ADDIT. FEE	
	••	(Column 1) CLAIMS		HIGHE	ST	(Column 3)	Г		ADDI-	l f		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	•	Minus	**		.		X\$ 9=		OR	X\$18=.	
	Independent	•	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l	+145=			+290=	
				•			L	TOTAL		OR	TOTAL	
							A	DOIT FEE		OR ,	DDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	_	•				
 		REMAINING . AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	Γ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	r	X43=		ı	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+		 	OR		
• 4	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE	
		ber Previously Paid					foun	d in the ap	propriate box	in coh	mn 1.	